



# COMMUNITY RUGBY LEAGUE

## CONCUSSION PROTOCOLS



## Why?

The safety and protection of our children

Secondary Impact Syndrome

Game Custodianship / CTE

## » 2023 COMMUNITY CONCUSSION PROTOCOLS

### NSWRL HEAD INJURY ASSESSMENT AND RETURN TO PLAY PROCEDURES

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#### Ground Manager – Pre-Match

Check adherence to NRL ON Field Policy

#### Ground Manager – During the Match

HIA marked on team sheet

#### Sports Trainers requirements:

1. Present qualifications to Ground Manager
2. Sign match sheet

**NON-COMPLIANCE = NO GAME**

# » 2023 COMMUNITY CONCUSSION PROTOCOLS

## NSWRL HEAD INJURY ASSESSMENT AND RETURN TO PLAY PROCEDURES



Ground Managers need to be aware of minimum requirements for First Responders under the NRL Community Rugby League On-Field Policy:

Age	Minimum Personnel Required for Contact Rugby League	Minimum Personnel Required for League Tag	Minimum Accreditation Required
U6-7	One (1) x First Responder for up to four (4) matches being played on an International Field.	One (1) x First Responder for up to four (4) matches being played on an International Field.	<ul style="list-style-type: none"> <li>• League First Aid; or</li> <li>• NRL Level 1 Sports Trainer; or</li> <li>• NRL Level 2 Sports Trainer</li> </ul>
U8-9	One (1) x First Responder for up to three (3) matches being played on an International Field.	One (1) x First Responder for up to three (3) matches being played on an International Field.	
U10-12	One (1) x First Responder per match	One (1) x First Responder per match	
U13-15	One (1) x First Responder per team for each match.		
U16+	One (1) x First Responder per team for each match.	One (1) x First Responder per team for each match.	

# » 2023 COMMUNITY CONCUSSION PROTOCOLS

## NSWRL HEAD INJURY ASSESSMENT AND RETURN TO PLAY PROCEDURES

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### Match Day Head Injury Assessment Procedures

1. Concussion On-field Assessment Procedures - Head Sports Trainer/First Responder Roles
2. Head Injury Assessment Procedures (Clubs and Players)
3. Immediate Post-Match Requirements and Delayed Concussion Procedures

### Return to Play Procedures

4. Return to Play



## POLICY AND PROCESS UPDATES – SNAPSHOT

1. Reporting and Documentation
2. Participants MUST see a Doctor as soon as possible following a suspected head injury / concussion
3. The Minimum length of time to Return to Play (11 days adults and 14 days children)
4. Re-enforcing administrators will mark players suspected or diagnosed with concussion as unavailable on My Sideline until medical clearance has been received by the League

# » 2023 COMMUNITY HEAD INJURY CONCUSSION PROTOCOLS

## NSWRL HEAD INJURY ASSESSMENT AND RETURN TO PLAY PROCEDURES

### Documentation – Community Head Injury Recognition and Referral Form

### Community Head Injury Recognition and Referral Form (Pages 1 and 2)

### Community Head injury/Concussion Medical Clearance (page 3)

**NRL - COMMUNITY HEAD INJURY RECOGNITION AND REFERRAL FORM**

**A. GENERAL INFORMATION**

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_ Club: \_\_\_\_\_

Examiner Name: \_\_\_\_\_ Examiner qualification: \_\_\_\_\_

Date: \_\_\_\_\_ Half: \_\_\_\_\_ Approximate Time In Year: \_\_\_\_\_ Position of Player: \_\_\_\_\_

**B. STRUCTURAL HEAD OR NECK INJURY**

1. Are there clinical features of a potentially serious or structural head and/or neck injury, including prolonged loss of consciousness (i.e. injury requiring urgent and emergency hospital transfer)?  Yes  No

**C. REMOVAL FROM PLAY**

Players MUST be removed permanently from play if any of the following are observed by anyone, including coaches, parents and other players:

- Loss of consciousness (or prolonged loss of movement of > 1 – 2 seconds) or not responding appropriately to queries, reflexes or other players
- No protective action in falls to ground (not bracing for impact) (knee or wrist)
- Impact with non-protective equipment (padding or strapping of arms and/or legs or impact)
- Balance disturbance\* or Clonus (loss of control over movements) or slow to get up following a identifiable head injury (10-15 seconds)
- Clonus or persistent stare or not their normal relaxed behaviour (especially to surroundings)
- Unusual behaviour for the player
- Confusion or disorientation
- Memory impairment (e.g. fails Maddocks questions – refer to CRTS\*)
- Player reports or displays any other concussion symptoms (refer to CRTS\*)

**IMPORTANT TO REMEMBER:**

- \* Any player who is unconscious should be suspected of having a spinal cord injury and treated accordingly. This includes Cervical Collar, Respiration, Immobilisation, Spinal Decompression and they should not be moved unless appropriately trained personnel are present.
- If a player has a **head injury** that requires attention to the arms and/or legs, they should be treated as if they have a spinal injury and an ambulance called.
- If a player with a **head injury** after head trauma should be assessed for signs and symptoms of concussion.
- Players must be **MONITORED** in reporting how they feel. Unacceptable behaviour by players should be considered a possible sign of concussion and result in their removal from play as a potential head injury.

Refer to the NRL Concussion Management Guidelines on the Play NRL website: [www.playnrl.com.au/communities](http://www.playnrl.com.au/communities) and use the Concussion Recognition Tool 5 (CRT5) [www.playnrl.com.au/cr5](http://www.playnrl.com.au/cr5)

\*NRL's Balance disturbance\* is defined as when a Player is unable to stand steadily, unaided or "walk normally and usually unaided in the context of a possible head injury.

**D. OUTCOME AND ACTION**

If 'Yes' is selected for question 1, an ambulance must be called for immediate transfer to hospital

If 'Yes' is selected for any of questions 2-10, **immediate** removal from play and medical assessment are required

If a player who is removed from play with a suspected concussion **MUST NOT** return to play until **formally cleared by a doctor**. If any RED FLAGS listed in the CRT5 are present or there is to any other concern – call an AMBULANCE.

A PLAYER SUSPECTED OF HAVING SUSTAINED A CONCUSSION MUST NOT BE ALLOWED TO RETURN TO THE FIELD OF PLAY ON THE DAY OF THE INJURY EVEN IF THE SYMPTOMS RESOLVE. HE/SHE MUST BE SENT FOR MEDICAL ASSESSMENT IN THE CARE OF A RESPONSIBLE ADULT.

**PLEASE REFER TO NEXT PAGE TO COMPLETE ASSESSMENT FOR PLAYERS REQUIRING MEDICAL REVIEW FOR SUSPECTED CONCUSSION**

**NRL - COMMUNITY HEAD INJURY RECOGNITION AND REFERRAL FORM**

Player Name: \_\_\_\_\_ Date: \_\_\_\_\_

**E. SYMPTOM RECORD** – complete based on how the player feels NOW (Helpful for medical follow up.)

A Parent should help answer these questions if the Player is 12 years old or younger

	None	Mild	Moderate	Severe			
Headache	0	1	2	3	4	5	6
Pressure in head*	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
Don't feel right	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or anxious	0	1	2	3	4	5	6
Trouble Falling Asleep (if applicable)	0	1	2	3	4	5	6

If you know the player (or ask parents/family), how different is the player acting compared to his/her usual self?

No difference  Very different  None  N/A

**SIGNATURE OF EXAMINER** \_\_\_\_\_ Date: \_\_\_\_\_ Time completed: \_\_\_\_\_

**The NRL require the injured player to be assessed by a Doctor as soon as possible after a head injury PRIOR to returning to a graded structured training program.**

**POST CONCUSSION INJURY ADVICE** – for person monitoring the injured player

- Recovery time from concussion is variable and signs and symptoms can evolve over minutes or hours, if the player displays ANY of the following: vomiting, neck pain, severe or worsening headache, double vision, excessive drowsiness, confusion, change in behaviour, loss of consciousness or responsiveness/being in arms or legs, then call an ambulance or contact your doctor or the nearest emergency department immediately
- They (physical and mental) including any training until medically cleared (at least 24-48 hrs)
- NO alcohol (until medically cleared)
- NO driving until medically cleared
- NO medications such as sleeping pills, aspirin, anti-inflammatories or sedating/stopping pain killers
- Player take this completed form to your doctor to assist with the assessment – it is recommended that you book a long consultation with your doctor

A final consultation by a Doctor, to clear the player medically fit before full contact training and match play, MUST be undertaken

It is preferable that the same doctor performs ALL the assessments (including initial and final clearance) if possible.

**NRL COMMUNITY HEAD INJURY/CONCUSSION MEDICAL CLEARANCE**

**NOTE FOR THE TREATING DOCTOR - MEDICAL PRACTITIONER**

Please refer to the NRL Concussion Management Guidelines available on the website: [www.playnrl.com.au/communities](http://www.playnrl.com.au/communities)

A concussion rugby league player **requires a formal medical clearance to return to training and competition.**

The NRL recommend that the injured player be assessed by a medical practitioner (doctor or nurse or physio) after a head injury prior to returning to a graded structured training program with a mandatory first consultation to clear the player medically fit before full contact training and match play is undertaken. It is recommended that the same medical practitioner perform all of the assessments in a player for each concussion episode/episode(s).

In accordance with the current Concussion Guidelines, there is a set defined mandatory period of time that an NRL player must be without from play following a concussion, and a stage graduated return to play must be undertaken. The duration of concussion from play is assessed as individual recovery or managed by medical practitioners. However, subject to player consent an individual may not return to play until they are cleared by a medical practitioner. The NRL do not recommend that an individual return to play until they are cleared by a medical practitioner. A graduated return to learn school or other educational setting, which **must be completed prior to commencing a return to sport** (refer to [www.concussion.com.au/return](http://www.concussion.com.au/return))

A concussion recovery approach considered **prolonged** if it is greater than 2 weeks in adults and 6 weeks in children/adolescents. Concussion (Mild or CT or MRI) should be considered in cases where there is concern regarding an underlying structural brain, skull or neck injury.

**It is unsafe to use the SCATS and Child SCATS forms for all assessments and concerning the symptoms to those safety experts (NRL) to ensure that assessment systems can meet any ensuring that all other signs are present.**

The NRL also supports the Concussion In Sport Australia position (currently) and recommends it as a standard tool for Clinical Practitioners to use in their assessments. Refer to the NRL website for the document. The following are the SCATS and Child SCATS can be found here: [www.concussion.com.au/assessment](http://www.concussion.com.au/assessment)

**Graded return to sport protocol – AFTER initial and physical and medical fit at least 24-48 hours**

1. Initial assessment at least 24 hours after injury  2. Reassessment after 48 hours after injury  3. Reassessment after 72 hours after injury  4. Reassessment after 10 days after injury  5. Reassessment after 14 days after injury  6. Reassessment after 21 days after injury  7. Reassessment after 28 days after injury  8. Reassessment after 35 days after injury  9. Reassessment after 42 days after injury  10. Reassessment after 49 days after injury  11. Reassessment after 56 days after injury  12. Reassessment after 63 days after injury  13. Reassessment after 70 days after injury  14. Reassessment after 77 days after injury  15. Reassessment after 84 days after injury  16. Reassessment after 91 days after injury  17. Reassessment after 98 days after injury  18. Reassessment after 105 days after injury  19. Reassessment after 112 days after injury  20. Reassessment after 119 days after injury  21. Reassessment after 126 days after injury  22. Reassessment after 133 days after injury  23. Reassessment after 140 days after injury  24. Reassessment after 147 days after injury  25. Reassessment after 154 days after injury  26. Reassessment after 161 days after injury  27. Reassessment after 168 days after injury  28. Reassessment after 175 days after injury  29. Reassessment after 182 days after injury  30. Reassessment after 189 days after injury  31. Reassessment after 196 days after injury  32. Reassessment after 203 days after injury  33. Reassessment after 210 days after injury  34. Reassessment after 217 days after injury  35. Reassessment after 224 days after injury  36. Reassessment after 231 days after injury  37. Reassessment after 238 days after injury  38. Reassessment after 245 days after injury  39. Reassessment after 252 days after injury  40. Reassessment after 259 days after injury  41. Reassessment after 266 days after injury  42. Reassessment after 273 days after injury  43. Reassessment after 280 days after injury  44. Reassessment after 287 days after injury  45. Reassessment after 294 days after injury  46. Reassessment after 301 days after injury  47. Reassessment after 308 days after injury  48. Reassessment after 315 days after injury  49. Reassessment after 322 days after injury  50. Reassessment after 329 days after injury  51. Reassessment after 336 days after injury  52. Reassessment after 343 days after injury  53. Reassessment after 350 days after injury  54. Reassessment after 357 days after injury  55. Reassessment after 364 days after injury  56. Reassessment after 371 days after injury  57. Reassessment after 378 days after injury  58. Reassessment after 385 days after injury  59. Reassessment after 392 days after injury  60. Reassessment after 399 days after injury  61. Reassessment after 406 days after injury  62. Reassessment after 413 days after injury  63. Reassessment after 420 days after injury  64. Reassessment after 427 days after injury  65. Reassessment after 434 days after injury  66. Reassessment after 441 days after injury  67. Reassessment after 448 days after injury  68. Reassessment after 455 days after injury  69. Reassessment after 462 days after injury  70. Reassessment after 469 days after injury  71. Reassessment after 476 days after injury  72. Reassessment after 483 days after injury  73. Reassessment after 490 days after injury  74. Reassessment after 497 days after injury  75. Reassessment after 504 days after injury  76. Reassessment after 511 days after injury  77. Reassessment after 518 days after injury  78. Reassessment after 525 days after injury  79. Reassessment after 532 days after injury  80. Reassessment after 539 days after injury  81. Reassessment after 546 days after injury  82. Reassessment after 553 days after injury  83. Reassessment after 560 days after injury  84. Reassessment after 567 days after injury  85. Reassessment after 574 days after injury  86. Reassessment after 581 days after injury  87. Reassessment after 588 days after injury  88. Reassessment after 595 days after injury  89. Reassessment after 602 days after injury  90. Reassessment after 609 days after injury  91. Reassessment after 616 days after injury  92. Reassessment after 623 days after injury  93. Reassessment after 630 days after injury  94. Reassessment after 637 days after injury  95. Reassessment after 644 days after injury  96. Reassessment after 651 days after injury  97. Reassessment after 658 days after injury  98. Reassessment after 665 days after injury  99. Reassessment after 672 days after injury  100. Reassessment after 679 days after injury  101. Reassessment after 686 days after injury  102. Reassessment after 693 days after injury  103. Reassessment after 700 days after injury  104. Reassessment after 707 days after injury  105. Reassessment after 714 days after injury  106. Reassessment after 721 days after injury  107. Reassessment after 728 days after injury  108. Reassessment after 735 days after injury  109. Reassessment after 742 days after injury  110. Reassessment after 749 days after injury  111. Reassessment after 756 days after injury  112. Reassessment after 763 days after injury  113. Reassessment after 770 days after injury  114. Reassessment after 777 days after injury  115. Reassessment after 784 days after injury  116. Reassessment after 791 days after injury  117. Reassessment after 798 days after injury  118. Reassessment after 805 days after injury  119. Reassessment after 812 days after injury  120. Reassessment after 819 days after injury  121. Reassessment after 826 days after injury  122. Reassessment after 833 days after injury  123. Reassessment after 840 days after injury  124. Reassessment after 847 days after injury  125. Reassessment after 854 days after injury  126. Reassessment after 861 days after injury  127. Reassessment after 868 days after injury  128. Reassessment after 875 days after injury  129. Reassessment after 882 days after injury  130. Reassessment after 889 days after injury  131. Reassessment after 896 days after injury  132. Reassessment after 903 days after injury  133. Reassessment after 910 days after injury  134. Reassessment after 917 days after injury  135. Reassessment after 924 days after injury  136. Reassessment after 931 days after injury  137. Reassessment after 938 days after injury  138. Reassessment after 945 days after injury  139. Reassessment after 952 days after injury  140. Reassessment after 959 days after injury  141. Reassessment after 966 days after injury  142. Reassessment after 973 days after injury  143. Reassessment after 980 days after injury  144. Reassessment after 987 days after injury  145. Reassessment after 994 days after injury  146. Reassessment after 1001 days after injury  147. Reassessment after 1008 days after injury  148. 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Reassessment after 1295 days after injury  189. Reassessment after 1302 days after injury  190. Reassessment after 1309 days after injury  191. Reassessment after 1316 days after injury  192. Reassessment after 1323 days after injury  193. Reassessment after 1330 days after injury  194. Reassessment after 1337 days after injury  195. Reassessment after 1344 days after injury  196. Reassessment after 1351 days after injury  197. Reassessment after 1358 days after injury  198. Reassessment after 1365 days after injury  199. Reassessment after 1372 days after injury  200. Reassessment after 1379 days after injury  201. Reassessment after 1386 days after injury  202. Reassessment after 1393 days after injury  203. Reassessment after 1400 days after injury  204. Reassessment after 1407 days after injury  205. Reassessment after 1414 days after injury  206. Reassessment after 1421 days after injury  207. Reassessment after 1428 days after injury  208. 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Reassessment after 1715 days after injury  249. Reassessment after 1722 days after injury  250. Reassessment after 1729 days after injury  251. Reassessment after 1736 days after injury  252. Reassessment after 1743 days after injury  253. Reassessment after 1750 days after injury  254. Reassessment after 1757 days after injury  255. Reassessment after 1764 days after injury  256. Reassessment after 1771 days after injury  257. Reassessment after 1778 days after injury  258. Reassessment after 1785 days after injury  259. Reassessment after 1792 days after injury  260. Reassessment after 1799 days after injury  261. Reassessment after 1806 days after injury  262. Reassessment after 1813 days after injury  263. Reassessment after 1820 days after injury  264. Reassessment after 1827 days after injury  265. Reassessment after 1834 days after injury  266. Reassessment after 1841 days after injury  267. Reassessment after 1848 days after injury  268. Reassessment after 1855 days after injury  269. Reassessment after 1862 days after injury  270. Reassessment after 1869 days after injury  271. Reassessment after 1876 days after injury  272. Reassessment after 1883 days after injury  273. Reassessment after 1890 days after injury  274. Reassessment after 1897 days after injury  275. Reassessment after 1904 days after injury  276. Reassessment after 1911 days after injury  277. Reassessment after 1918 days after injury  278. Reassessment after 1925 days after injury  279. Reassessment after 1932 days after injury  280. Reassessment after 1939 days after injury  281. Reassessment after 1946 days after injury  282. Reassessment after 1953 days after injury  283. Reassessment after 1960 days after injury  284. Reassessment after 1967 days after injury  285. Reassessment after 1974 days after injury  286. Reassessment after 1981 days after injury  287. Reassessment after 1988 days after injury  288. Reassessment after 1995 days after injury  289. Reassessment after 2002 days after injury  290. Reassessment after 2009 days after injury  291. Reassessment after 2016 days after injury  292. Reassessment after 2023 days after injury  293. Reassessment after 2030 days after injury  294. Reassessment after 2037 days after injury  295. Reassessment after 2044 days after injury  296. Reassessment after 2051 days after injury  297. Reassessment after 2058 days after injury  298. Reassessment after 2065 days after injury  299. Reassessment after 2072 days after injury  300. Reassessment after 2079 days after injury  301. Reassessment after 2086 days after injury  302. Reassessment after 2093 days after injury  303. Reassessment after 2100 days after injury  304. Reassessment after 2107 days after injury  305. Reassessment after 2114 days after injury  306. Reassessment after 2121 days after injury  307. Reassessment after 2128 days after injury  308. Reassessment after 2135 days after injury  309. Reassessment after 2142 days after injury  310. Reassessment after 2149 days after injury  311. Reassessment after 2156 days after injury  312. Reassessment after 2163 days after injury  313. Reassessment after 2170 days after injury  314. Reassessment after 2177 days after injury  315. Reassessment after 2184 days after injury  316. Reassessment after 2191 days after injury  317. Reassessment after 2198 days after injury  318. Reassessment after 2205 days after injury  319. Reassessment after 2212 days after injury  320. Reassessment after 2219 days after injury  321. Reassessment after 2226 days after injury  322. Reassessment after 2233 days after injury  323. Reassessment after 2240 days after injury  324. Reassessment after 2247 days after injury  325. Reassessment after 2254 days after injury  326. Reassessment after 2261 days after injury  327. Reassessment after 2268 days after injury  328. 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Reassessment after 2695 days after injury  389. Reassessment after 2702 days after injury  390. Reassessment after 2709 days after injury  391. Reassessment after 2716 days after injury  392. Reassessment after 2723 days after injury  393. Reassessment after 2730 days after injury

# » 2023 COMMUNITY CONCUSSION PROTOCOLS

## ONLINE INJURY REPORTING

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### INJURY REPORTING ONLINE

<https://support.playrugbyleague.com/hc/en-us/articles/4405867933199-MySideline-Manager-Injury-Reporting>

For Club Administrators, Sports Trainers, Team Managers with access to MySideline Manager



## Concussion On-field Assessment Procedures - Head Sports Trainer / First Responder Roles

ALL FIRST RESPONDERS ARE TRAINED ON THEIR OBLIGATIONS UNDER THE NRL ON FIELD POLICY and RESPECTIVE CONCUSSION POLICIES.

They are trained to recognise and respond to potential instances of concussion.

## » 2023 COMMUNITY CONCUSSION PROTOCOLS

### NSWRL HEAD INJURY ASSESSMENT AND RETURN TO PLAY PROCEDURES

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Ground Managers must not allow any matches to commence unless these requirements have been met, and they have checked the qualifications of First Responder present for teams.

Any player with a suspected concussion should be immediately, and safely, removed from the field of play, and **MUST NOT RETURN** to play.

**WHEN IN DOUBT THE PLAYER SHOULD BE REMOVED FROM THE FIELD AND REFERRED TO A DOCTOR FOR ASSESSMENT WITH THEIR HEAD INJURY RECOGNITION & REFERRAL FORM AS SOON AS POSSIBLE (PREFERABLY THE SAME DAY). IF THE PLAYER NEEDS IMMEDIATE MEDICAL TREATMENT AN AMBULANCE SHOULD BE CALLED URGENTLY.**

**GROUND MANAGERS SHOULD HAVE ADDRESS AND CONTACT DETAILS OF LOCAL HOSPITAL EMERGENCY DEPARTMENTS, LOCAL DOCTORS AND MEDICAL CENTRES AVAILABLE TO ASSESS INJURED PLAYERS**

## » 2023 COMMUNITY CONCUSSION PROTOCOLS

### NSWRL HEAD INJURY ASSESSMENT AND RETURN TO PLAY PROCEDURES

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## Head Injury Assessment Procedures (Clubs and Players)

Once removed from the field with a suspected concussion, the First Responder must complete a **Community Head Injury Recognition and Referral Form** for the player.

This document provides information for the follow up assessment with a doctor, and a clearance to return to the game, should a Doctor determine NO concussive event has taken place.

Players removed from the field with a suspected concussion are exempt from interchange quotas.

It is important to again emphasise that team Managers, Sports Trainers and Ground Managers must ensure all players removed from the field are **marked on Team Sheets with “HIA”** which indicates a follow up assessment is required by the player.

Head Sports Trainers and Ground Managers are to ensure a copy of the players **Injury Recognition and Referral Form** is sent to the League Administrator.

**Community Head**

## » 2023 COMMUNITY CONCUSSION PROTOCOLS

### NSWRL HEAD INJURY ASSESSMENT AND RETURN TO PLAY PROCEDURES

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#### Post Match Follow Up Sports Trainer

- a) First Responder review regarding ongoing symptoms;
- b) Assign the Player to the care of a responsible adult;
- c) Give the care giver the completed **Community Head Injury Recognition and Referral Form** and advise the care giver to take the player directly to a Doctor or Hospital and monitor the Player until he or she has been assessed by a Doctor;
- d) Advise the carer of the warning signs and symptoms of deterioration;
- e) Advise the carer (and the participant) that the player must avoid alcohol and non-steroidal anti-inflammatory medication for at least 24 hours;
- f) Following a concussive episode, the Player should not be allowed to drive that day. Alternate transport needs to be arranged.

**THESE ARE ALL THINGS THE FIRST RESPONDER'S ARE TRAINED TO DO**

## » 2023 COMMUNITY CONCUSSION PROTOCOLS

### NSWRL HEAD INJURY ASSESSMENT AND RETURN TO PLAY PROCEDURES



The Guidelines for Management of Concussion in Rugby League are available at [playrugbyleague.com](http://playrugbyleague.com)

Any player deemed to have suffered a concussive injury will not be allowed to participate in any contact training until the end of Return to Sport procedure is completed successfully. A two day contact training period **MUST** then be completed symptom free before returning to matches.

It is the club's responsibility to ensure that the player takes the **Community Head Injury Recognition and Referral Form** to the doctor and the player/carer must return the form back to the club. After receiving the medical clearance the player must return to contact training first and remain symptom free for 24 hours before they can return to the game. Once completed, the local League administrator will remove the **PLAYER UNAVAILABLE** icon from a players record.

## » 2023 COMMUNITY CONCUSSION PROTOCOLS

### NSWRL HEAD INJURY ASSESSMENT AND RETURN TO PLAY PROCEDURES

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## Follow up care

- The player must see a doctor as soon as possible (preferably the same day) once they are referred by the First Responder.
- **Players who do not return the paperwork will not be permitted to participate**
- Only a Doctor can clear a player to return to training and play after a concussion.
- If the player receives a medical clearance that they did not suffer a concussion, then the **Community Head injury/Concussion Medical Clearance** must be returned to their local League Administrator one business day, before the player wishes to return to play.
- Numerous failed HIA's may result in the NSWRL Chief Medical Officer requesting further analysis.

## » 2023 COMMUNITY CONCUSSION PROTOCOLS

### NSWRL HEAD INJURY ASSESSMENT AND RETURN TO PLAY PROCEDURES

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## Return to Play Protocols – First Concussion

- a. **Adults (19 years and older):** If an Adult player wishes to return to play in less in less than 11 days from time of injury, they must be cleared in writing by a specialist concussion doctor e.g. neurologist. If a concussion is confirmed by a doctor, the Graduated Return to Sport (GRTS) program should be followed as per **Community Head Injury Recognition and Referral Form**.
- b. **Children and Adolescent's (18 years old and younger):** If a concussion is confirmed by a doctor, the Graduated Return to Sport (GRTS) program should be followed as per **Community Head Injury Recognition and Referral Form**. If a Child/Adolescent player wishes to return to play in less time than the GRTS stipulates (**less than 14 days**) from the time of injury, they must be cleared in writing by a specialist concussion doctor e.g. neurologist.
- c. **To proceed to contact training the player must have obtained a medical clearance from a Doctor via the Community Head Injury Recognition and Referral Form**. If the medical clearance is not obtained the player cannot proceed to contact training stage or matches until received.
- d. If the return to play protocols are complete and verified and the player is symptom free for the 24hrs post contact training, then the player can return and participate in a match (subject to forms being returned and approved by the Local League one business day before the match).

## » 2023 COMMUNITY CONCUSSION PROTOCOLS

### NSWRL HEAD INJURY ASSESSMENT AND RETURN TO PLAY PROCEDURES

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## Return to Play Protocols – Second Concussion in a Season

- Anyone suffering two diagnosed concussions within the same season needs to be assessed by an expert before being allowed to return (Neurologist, Neurosurgeon, or Sport and Exercise Physician).
- The normal return to sport process and doctor clearance will not be sufficient
- Numerous failed HIA's may result in the NSWRL Chief Medical Officer requesting further analysis



## » 2023 COMMUNITY CONCUSSION PROTOCOLS

NSWRL HEAD INJURY ASSESSMENT AND RETURN TO PLAY PROCEDURES

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### Online Education Module – Compulsory Completion Required

Each club must have a minimum of one member complete the free concussion education online module:

## **‘Concussion Management - Community and Participants’**

<https://www.playrugbyleague.com/trainer/concussion/>